



UPPER BAY COUNSELING & SUPPORT SERVICES, INC.

DISCOUNTED/SLIDING FEE APPLICATION			
CLIENT NAME	CASE NO.	PROGRAM	
HEAD OF HOUSEHOLD (IF OTHER THAN CLIENT)	PLACE OF EMPLOYMENT	WORK PHONE	
STREET ADDRESS	CITY	STATE	ZIP
CONTACT PERSON NAME	HOME PHONE	MOBILE PHONE	

PLEASE LIST SPOUSE AND DEPENDENTS UNDER AGE 18

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
SELF		DEPENDENTS	
SPOUSE			
DEPENDENTS			
TOTAL FAMILY SIZE			

ANNUAL HOUSEHOLD INCOME

SOURCE	SELF	SPOUSE	OTHER	TOTAL
Gross wages, salaries, tips, etc.				
Social security, disability, unemployment compensation, pension, annuity and/or veteran's benefits				
Alimony, child support, military family allotments				
Income from business self-employment, and dependents				
Rent, interest, dividend and other income*				
TOTAL ANNUAL INCOME**				

*Supplemental disclosure required if in excess of the Federal poverty guideline.

**Supplemental disclosure required if in applicant requests modification for extraordinary medical expenses.

I certify that I am not covered by a health insurance plan and that the family size and income information shown above is correct. Copies of tax returns, pay stubs and other information verifying income information may be required before a discount is approved. In the event that I secure health care insurance, I will provide Upper Bay Counseling all information needed to verify my mental health benefits and terminate this agreement.

NAME (Print)

Date

SIGNATURE

Office Use Only

Client

Discounted Fee

Approved by

Effective Dates



UPPER BAY COUNSELING & SUPPORT SERVICES, INC.

DISCOUNTED/SLIDING FEE SUPPLEMENTAL APPLICATION		
CLIENT NAME	CASE NO.	PROGRAM

The following is to be provided if income from rents, interest, dividends or other sources exceeds 100% of the Federal Poverty Level for your family size:

Assets:

Savings Account - Bank Name:				
	Average Balance	\$	Annual Interest	\$
Savings Account - Bank Name:				
	Average Balance	\$	Annual Interest	\$
Liquid Investment Description:				
	Value	\$	Annual Income	\$
Liquid Investment Description:				
	Value	\$	Annual Income	\$
Rental Property Description:				
	Value	\$	Annual Income	\$
Other Asset Description:				
	Average Balance	\$	Annual Income	\$
	Check if additional forms need to be attached			

Liabilities and Extraordinary Expenses (Medical):

Describe any extraordinary liabilities and annual expenses that we should consider in determining your eligibility for the sliding fee discount:		
	Annual Payments	\$
	Annual Payments	\$
	Annual Payments	\$
	Annual Payments	\$
	Check if additional forms need to be attached	

I certify that the information shown above is correct. Copies of documentation verifying the information above may be required before a discount is approved.

NAME (Print)	Date
SIGNATURE	